

**Newton Parks & Recreation Department**  
**PO Box 550**  
**Newton, NC 28658**  
**(828) 695-4317**  
**(828) 465-7475 – Fax**



**PRE-PARTICIPATION PHYSICAL**  
**PLEASE PRINT CLEARLY**

**School/Group Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student-Athlete's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**This is a non-comprehensive Pre-Participation Screening Physical used to determine an individual's eligibility to participate in athletics. This should not take the place of a Complete Annual Physical to be performed by a family physician.**

**Directions:** Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Yes	No	Not Sure	
			1. Has anyone in the athlete's family ever died suddenly before the age of 50?
			2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			3. Does the athlete have asthma, hay fever, coughing spells, or wheezing during or after exercise?
			4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? If so, what was it and how long ago?
			5. Does the athlete have a history of concussion or ever been "knocked out"?
			6. Has the athlete ever suffered a heat-related illness, such as heat stroke?
			7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			8. Does the athlete currently take any medication?
			9. Is the athlete allergic to any medications or bee stings?
			10. Does the athlete have only one of any paired organ (eye, ears, kidneys, testicles, ovaries, etc.)?

I have reviewed and answered the above questions and give permission for my child to participate in (please list sports): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Parent/Guardian Name:** \_\_\_\_\_

## Physical Examination

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Contacts/Glasses: \_\_\_\_\_

	Normal	Abnormal Findings
<b>Musculoskeletal</b>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		
<b>Medical</b>		
Appearance		
ENT		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (Males Only)		
Skin		

### Clearance

☐ Cleared

☐ Cleared after completing F/U with Primary or Rehabilitation: \_\_\_\_\_

□

☐ Not Cleared For: \_\_\_\_\_ Reason: \_\_\_\_\_

□

Name of Physician or P.A.: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician or P.A.: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians Please Read:

I hereby render authority to Newton Parks and Recreation Department Staff permission to treat \_\_\_\_\_ in case of emergency during interscholastic sport events when I am not available.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_